

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MR RALPH - NICKNAME LAST SUFFIX - McCloud		OFFICE USE ONLY Date Received Date Hand Delivered Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2412 ANN GLEN FORT WORTH, TX 76119		OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI CHRISTINA L NICKNAME LAST SUFFIX McCloud		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAME		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 535 2880		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/26/ 07/15/03		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05/03/03		
11 OFFICE	OFFICE HELD (if any) CITY COUNCIL # 8	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6475.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 4057.50

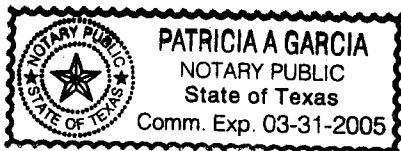
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ralph McCloud, Jr., this the 16th day of July, 20 03, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Patricia A. Garcia
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **4**

2 FILER NAME

McCLOUD

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/29

5 Full name of contributor

☐ out-of-state PAC (ID#)

KARL KOMATSU

6 Contributor address; City; State; Zip Code

**3905 LENOX
FW TX 76107**

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/28

Full name of contributor

☐ out-of-state PAC (ID#)

RADIO SHACK GOVERNMENT

Contributor address; City; State; Zip Code

**100 THURCKMINGTON
FW TX 76102**

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/30/03

Full name of contributor

☐ out-of-state PAC (ID#)

Committee For PUBLIC SAFETY

Contributor address; City; State; Zip Code

**904 COLLIER
FW TX 76102**

Amount of
contribution (\$)

3000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/28/03

Full name of contributor

☐ out-of-state PAC (ID#)

L. ALLEN HODGES

Contributor address; City; State; Zip Code

**115 W 7TH ST
FORT WORTH TX**

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/26/03

Full name of contributor

☐ out-of-state PAC (ID#)

MARY SEAN O'REILLY

Contributor address; City; State; Zip Code

**P.O. BOX 13834
FW TX 76136**

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **4**

2 FILER NAME

McCLOUD -

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/30

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

APARTMENT ASSOCIATION OF TC

6 Contributor address; City; State; Zip Code

**6360 BAKER BLVD
FORT WORTH, TX 76118**

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/30

Full name of contributor

☐ out-of-state PAC (ID# _____)

MICHAEL KOONCE

Contributor address; City; State; Zip Code

**18352 DALLAS PKWAY
DALLAS, TX 75287**

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/04

Full name of contributor

☐ out-of-state PAC (ID# _____)

JOHN STEVENSON

Contributor address; City; State; Zip Code

**1207 HILLCREST
FORT WORTH, TX 76107**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/26

Full name of contributor

☐ out-of-state PAC (ID# _____)

JAMES LEGGETT

Contributor address; City; State; Zip Code

**P.O. BOX 9540
FW 76147**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/1/03

Full name of contributor

☐ out-of-state PAC (ID# _____)

WILLIAM MEADOWS

Contributor address; City; State; Zip Code

**3904 HAMILTON
FW TX 76107**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: *4*

2 FILER NAME

Mc CLOUD

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/01/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARY SEAN OREILLY

6 Contributor address; City; State; Zip Code

*300 WEECEYAN
HOUSTON, TX*

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/26/03

Full name of contributor

☐ out-of-state PAC (ID#)

NADA RUDDOCK

Contributor address; City; State; Zip Code

*3503 LAKE PONCHARATRA
ARLINGTON TX*

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/20/03

Full name of contributor

☐ out-of-state PAC (ID#)

MARTY LEBNARD

Contributor address; City; State; Zip Code

*1411 SHADY OAKS LN
FW TX 76107*

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/22/03

Full name of contributor

☐ out-of-state PAC (ID#)

DEYOND JENNINGS

Contributor address; City; State; Zip Code

*4851 PARKWOOD
ARLINGTON TX*

Amount of
contribution (\$)

15.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/22/03

Full name of contributor

☐ out-of-state PAC (ID#)

EDDIE GOSSAGE

Contributor address; City; State; Zip Code

TEXAS MOTOR SPEEDWAY

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

4

2 FILER NAME

Mc CLOUD

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

JIM BRADSHAW

6 Contributor address; City; State; Zip Code

4619 BRIAR HAVEN
FORT WORTH 76132

7 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/05

Full name of contributor

☐ out-of-state PAC (ID#)

RENE BROOKS

Contributor address; City; State; Zip Code

1612 SUMMITT
FORT WORTH TX

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

01/09/03

Full name of contributor

☐ out-of-state PAC (ID#)

PERDUE BRACKETT, FLORES,

Contributor address; City; State; Zip Code

FW -

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4

2 FILER NAME

MCCLOUD

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/10/03

5 Payee name

UNIVERSITY OF NORTH TX

6 Payee address; City; State; Zip Code

P.O. BOX 311250

DENTON, TX

7 Amount (\$)

500.00

8 Purpose of payment (See instructions regarding type of information required.)

HAZEL HARVEY PEACE
PROFESSORSHIP -

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/30/03

Payee name

AFRICARE ACADEMY

Payee address; City; State; Zip Code

724 W. 10th St

DALLAS, TX

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

DONATION

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

6/30/03

Payee name

MOUNT OLIVE BAPTIST CHURCH

Payee address; City; State; Zip Code

EVANS AVE

FORT WORTH TX

Amount (\$)

350.00

Purpose of payment (See instructions regarding type of information required.)

DONATION FOR
SCHOLARSHIP

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/26/03

Payee name

IMAGINATION CELEBRATION

Payee address; City; State; Zip Code

FW

TX

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

DONATION

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Mc CLOUD

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/7/03

5 Payee name

THE EPSTEIN GROUP

7 Amount (\$)

654.26

6 Payee address; City; State; Zip Code

4055 INTERNATIONAL BLVD
FORT WORTH TX

8 Purpose of payment (See instructions regarding type of information required.)

LABEL / PHONE LIST
PURCHASE

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/03/03

Payee name

COWBOYS OF COLOR MUSEUM

Amount (\$)

500.00

Payee address; City; State; Zip Code

FW TX

Purpose of payment (See instructions regarding type of information required.)

RENTAL OF SPACE FOR
RECEPTION

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

06/30/03

Payee name

CREATIVE SPIRIT STUDIO

Amount (\$)

400.00

Payee address; City; State; Zip Code

JACKSON MISSISSIPPI

Purpose of payment (See instructions regarding type of information required.)

AWARDS FOR CAMPAIGN
WORKERS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/03/03

Payee name

TASTE BUDS

Amount (\$)

209.88

Payee address; City; State; Zip Code

2200 RIVERSIDE DRIVE
FORT WORTH TX 76119

Purpose of payment (See instructions regarding type of information required.)

REFRESHMENTS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <i>McCLOUD</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name <i>OFFICE DEPOT</i>	7 Amount (\$) <i>21.24</i>	
6 Payee address; City; State; Zip Code <i>6860 WEST FREEWAY FORT WORTH TX</i>			
8 Purpose of payment (See instructions regarding type of information required.) <i>OFFICE SUPPLIES</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>05/03/03</i>	Payee name <i>SMITH'S CARDS</i>	Amount (\$) <i>49.24</i>	
Payee address; City; State; Zip Code <i>LANCASTER FORT WORTH, TX</i>			
Purpose of payment (See instructions regarding type of information required.) <i>DECORATIONS</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>05/01/03</i>	Payee name <i>FAT CATS LIQUOR</i>	Amount (\$) <i>76.81</i>	
Payee address; City; State; Zip Code <i>4861 S. FREEWAY FORT WORTH TX 76115</i>			
Purpose of payment (See instructions regarding type of information required.) <i>Refreshments</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <i>05/03/03</i>	Payee name <i>BENITO'S</i>	Amount (\$) <i>32.64</i>	
Payee address; City; State; Zip Code <i>1450 MAGNOLIA FORT WORTH 76104</i>			
Purpose of payment (See instructions regarding type of information required.) <i>FOOD / POST ELECTION</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

McCLOU

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/30/03

5 Payee name

WALGREENS

6 Payee address; City; State; Zip Code

Font Henderson ST
Worth TX7 Amount
(\$)

52.04

8 Purpose of payment (See instructions regarding type of information required.)

Office supplies

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

4/10/03

Payee name

US POSTAL - SUS

Payee address; City; State; Zip Code

Amount
(\$)

856.00

Purpose of payment (See instructions regarding type of information required.)

mailing bulk

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED